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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M71562

(6)

FILED Apr 02 1997 8:00am Secretary of State

1. Corporation Name CHATEAU MIMI, INC. Principal Place of Business Mailing Address 2575 COLLINS AVENUE. SUITE C9 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140									
						3, Date Incorporated or Qualified 03/07/1988		te of Last 29/1996	
	lace of Business	2a. Mailing Address		,		4. FEI Number 65-0105696		h	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Not Applicable Additional
2 Cily & Stat	P	City & State							Required
3	•	28				6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Country	Zφ	Cour	ntry		8. This corporation has liability for			s. 199.032,
4	25	29	30			Florida Statutes 10, Name and Address of New Re	Yes		
g. Name and Address of Current Registered Agent ROSENBERG, MURIEL, B				8 1 Na	me	10, 14shin ditu Address di New He	rgistereu r	(gent	
2579 SUF	5 COLLINS AVE. TE C9 MI BEACH FL 33140			82 Street Addr		ess (P.O. Box Number is Not Accepta	ble)		
			}	84 Cit	,		FL	85 Z	p Code
office or t	registered agont, or both, in the stat	te of Florida. Such change was	authorized	by the	corporation	on's board of directors. I hereby acce	pt the app	ointment :	as registered
SIGNATURE	Signature, typical or printed namin of registered ag	gent and tile if applicable (NC	OTE Registered			oration submits this statement for the join's board of directors. I hereby acce	DATE		
SIGNATURE	Signature, typical or printed namin of registered ag			Agent sign			DATE		ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, 1, 1, 4 or product natural registered by OFFICERS AP D ROSENBERG, MURIEL B. 2575 COLLINS AVE #C1	gent and tille if applicable (NO ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST	LE ME REET ADDRI	ature require	ed when reinstating)	DATE	DIRECTO	ORS IN 12
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a, To hereby certify that the morrhalon supplied with this hing does not qualify to the exemption state in Section 1190/5(f), Florida Statutes. Tutting certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charted, or open attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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